



District of Columbia Government Child and Family Services Agency



Annual Public Report FY 2012

MISSION

The mission of the Child and Family Services Agency (CFSA) is to promote the safety, permanence, and well-being of children and families in the District of Columbia.

PHILOSOPHICAL STATEMENT ON PERMANENCY

Permanency is reunification, adoption, guardianship or legal custody. When these options are exhausted, CFSA will assure the establishment of an enduring connection with at least one committed adult who is safe, stable and able to provide the following components of a supportive relationship: 1) physical, emotional, social, cognitive, and spiritual well-being; 2) respect for racial and ethnic heritage and traditions; 3) respect for maintaining natural bonds with the birth family; and 4) lifelong support, guidance and supervision to the youth as the youth transitions from foster care to self-sufficiency.

Table of Contents – UPDATE PRIOR TO SUBMISSION

Introduction	4
1. Review of CFSA Accomplishments in FY 2012	5
2. Additional Practice Improvements	22
3. Statistical Analyses of Foster Care Cases and Permanency	25
4. Methods of Assessment and Evaluation.....	36
5. Preview of Priority Areas in FY 2013	41
6. Recommendations for Additional Legislation or Services to Overcome Challenges	43
Appendices	
Appendix A: Excerpt from the CFSA Establishment Act of April 2001	44

INTRODUCTION

The Child and Family Services Agency's (CFSA) 2012 Annual Public Report (APR) outlines CFSA's activities and accomplishments towards maintaining the safety, permanency, and well-being of children and families in the District of Columbia. Two essential legislations guide and support CFSA's efforts: (1) the federal Adoption and Safe Families Act of 1997 (ASFA), which amended the Adoption Assistance and Child Welfare Act of 1980 [Public Law 96-272], and (2) the DC Adoption and Safe Families Amendment Act of 2000 (DC ASFA).

Both of these legislations promote the timely placement of children in safe and enduring living arrangements. As a foundation, ASFA requires that states make "reasonable efforts" to place children in permanent homes. It also establishes firm time requirements for child welfare agencies to petition for termination of parental rights, and it requires services to increase the number of adoptions. DC ASFA reinforces the federal ASFA requirements according to the unique needs of the District by mandating system-wide operational improvements for the District's child welfare system.

CFSA's APR is a legislatively-mandated snapshot of the Agency's permanency efforts and successes during FY 2012 (October 1, 2011 – September 30, 2012). The report focuses on the following information:

- An outline of the Agency's DC ASFA-related accomplishments during FY 2012
- FY 2012 practice improvements and Agency-specific accomplishments
- A summary of statistical data that reports on entry, placement, and exit information for CFSA's foster care population
- The methodology used to evaluate and assess the quality and effectiveness of service provision, including results from internal and external sources that indicate areas for improvement
- Priority areas of focus for solidifying CFSA's FY 2012 case practice successes and positive permanency outcomes for moving forward into FY 2013
- Recommendations for new legislation that can help to further the mission and goals of CFSA

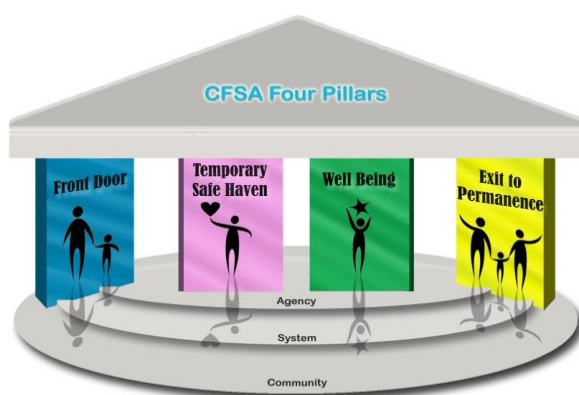
Requirements of DC ASFA

1. Abused and neglected children shall have case plans reviewed periodically to determine safety and progress toward achieving permanence.
2. Reasonable efforts are made to reunify children with their families, unless contrary to the child's safety.
3. Reports of abuse and neglect are expeditiously investigated and appropriate action is taken.
4. Families of abused and neglected children are provided necessary services to ameliorate problems and, when possible, to reunify.
5. Quick action is taken to implement a permanency plan of adoption or another appropriate alternative planned permanent placement if family preservation or reunification services are unsuccessful.
6. Criminal record checks are performed as part of the licensing process for all prospective kinship caregivers, foster or adoptive parents, or legal guardians.
7. Administrative reviews and permanency hearings are held in a timely manner for all children adjudicated as neglected.
8. Notice and opportunity to be heard in neglect and parental termination cases is provided to a child's placement resource, foster or pre-adoptive parent, kinship caregiver, legal guardian, as well as the child's therapist.
9. Procedures related to interstate adoptions and medical assistance are established.

1. Review of CFSA Accomplishments in FY 2012

While the District has been moving ahead with child welfare reform for more than a decade, recent events have dramatically accelerated progress. Under the guidance of new leadership in 2012, CFSA gathered staff and the local child-serving community to develop and rally around a strategic agenda known as the Four Pillars (Figure 1). Each pillar represents a set of evidence-based strategies and specific outcome targets. Collectively, the pillars are a values-based approach to improving outcomes for children, youth, and families involved with CFSA.

Figure 1: CFSA's Four Pillars



Pillar One: Narrowing the Front Door

CFSA strategies and services are geared toward affording children the opportunity to grow up with their families. Home removals are used only as an intervention of last resort. CFSA has implemented programs and evidence-based approaches, such as differential response, to stabilize and support families. The strategy for *Narrowing the Front Door* also incorporates community-based services and interventions for families who come into contact with the Agency (through a report of alleged abuse or neglect) but whose risk factors are low to moderate and who therefore can be served in their own homes through community-based providers. When children come to the attention of the Agency,

CFSA's priority is to stabilize families, and to support stabilization by reaching out, locating, and utilizing a family's relatives as resources and supports at the earliest possible stages of case planning.

Pillar Two: Foster Care as a Temporary Safe Haven

In instances where it is indeed necessary to place a child into foster care, CFSA starts planning the child's exit from the child welfare system on the same day as the child enters care. The Agency seeks out placements with the child's relatives first, and if relative options are inappropriate or unavailable, the most appropriate family-like setting is sought with licensed, non-relative resources. Regardless of placement setting, CFSA keeps children connected to their schools and communities of origin. CFSA also promotes and preserves both maternal and paternal relationships, alongside sibling connections, through frequent and intentional visitations that help all parties to develop strong and healthy relationships. CFSA also focuses its efforts on moving children quickly out of foster care by way of a permanent legal relationship, prioritized by reunification whenever possible, then guardianship if reunification is not possible, or adoption (preferably with relatives).

Pillar Three: Well-Being

Every child is entitled to have a nurturing environment that supports growth and development into a healthy, educated, confident, and self-sufficient adult. CFSA is committed to working collaboratively with other public and private agencies to address education, mental health, and physical health care so that children receive the supports they need to thrive. CFSA also takes efforts to reduce teen pregnancies among youth in its care, incorporating a two-generation approach to ensure positive permanency, self-sufficiency outcomes for teen parents and

positive permanency and well-being outcomes for their children. The Agency is in the process of rolling out evidence-based practices to address underlying issues of trauma and mental health as well as chronic diseases and other medical issues. Educational achievement is an Agency goal for all children in care, from early childhood education through high school and college or vocational school.

Pillar Four: Exit to Positive Permanency

Every child should exit foster care to a well-supported family environment or lifelong connection as quickly as possible. CFSA staff offers support to families after permanence is achieved in order to ensure that family connections are stable, and to reduce the likelihood that the child will re-enter the system. Older youth should exit care with appropriate community-based aftercare services and the education and skills necessary to help them become successful, self-supporting adults.

The various program-related reforms and initiatives that CFSA has in place all support one or more of the four pillars outlined in the 2012 Strategy Plan. Many of these also serve the dual purpose of furthering CFSA's progress in complying with local and federal permanency requirements. In particular, the following accomplishments are organized according to the nine DC ASFA requirements cited in the *Introduction* to this year's APR:

1. Abused and neglected children shall have case plans that are reviewed periodically to determine safety and progress toward achieving permanence.

District children and families with cases that CFSA has substantiated for abuse and neglect often have a vast array of needs. Many services address these needs while children remain in their family homes. Other families and children receive services while a child is temporally placed in foster care while staff dedicates time and resources to create and maintain a safe environment so that children can return home and reunify with their families with the assurance that they are unlikely to be removed in the future. Some families that involve home removals have cases that require long-term intensive clinical interventions in order to address familial issues.

No matter the duration, scope, or intensity of a family's needs or the Agency's level of involvement, a key facet of case practice is the case plan. Certain characteristics are shared by all case plans that CFSA and its private agency partners develop, including family involvement, team accountability, timely and appropriate service delivery, and cross-agency coordination. CFSA and private agency social workers partner with families and professionals to construct comprehensive and individualized case plans that address the entire array of child and family needs. These comprehensive case plans call for every individual involved to hold themselves accountable for safety management while constructing a road map to well-being and permanency for the children and families served by the District's child welfare system.

CFSA maintains management reports that reflect performance data with respect to case planning. Agency management has access to both aggregated data as well as worker-specific information regarding the timeliness of case plans, and the appropriateness of child permanency goals. By the end of FY 2012, case plans for children in foster care were current over 95% of the time, and case plans for families being served in their own homes were current over 90% of the time.

Case planning involves families.

Family engagement is a central tenet of CFSA's service delivery model that begins at the earliest stages of Agency involvement with a family, particularly at the Family Team Meeting (FTM), which occurs within 72 hours of a child's removal. The importance of family engagement is a recurring theme in Agency policy and practice. Accordingly, social workers are trained during pre-service and in-service sessions to consistently bring a strength-based, behaviorally-based, and solution-focused approach toward their work with mothers, fathers, children, youth, relatives, and other individuals identified by the family as having close, emotional involvements with the children. Throughout the life of the case, social workers assess and reassess the extent of family involvement in case planning. Further, social workers conscientiously work with the case management team to put strategies in place to ensure continued family engagement. The Agency has a variety of tools and processes in place, including a Diligent Search Unit (DSU) to find missing relatives, geared toward supporting social workers to optimize the involvement of parents and relatives in case planning for children in custody.

Case planning provides accountability for all parties working toward permanency.

CFSA social workers assume primary responsibility for engaging family members in the development of the case plan including the child (when age appropriate). Ultimately, every case planning participant bears some responsibility for the successful outcome of a case plan. Each case plan is a unique road map toward a child and family's safety, well-being, and permanency. It outlines concrete action steps for various case-involved parties to follow in order to affect those ends. Success is evidenced by visible changes in the behaviors that brought the family to the Agency's attention. The importance of strong, comprehensive case planning cannot be overestimated. Case plans are the primary tools used by the District's Family Court to review progress during permanency hearings, as well as the primary tools used for measuring Agency performance. Finally, the case plan is the measure by which familial needs, commitment, and follow-through are assessed.

Case planning ensures that appropriate services and interventions are provided at the appropriate time.

CFSA and private agency social workers are required to develop case plans within 30 days of the opening of the case, and thereafter review and assess the case plans no less than every 6 months for as long as the case remains open. Frequent reviews and updates safeguard the case plan as a roadmap and relevant guide for the child and family to understand what outcomes need to be achieved in order for the case to safely close. If behavioral changes are not forthcoming, services and interventions may need to be reassessed or changed. When behavioral changes are consistent and indicate the mitigation of safety threats, some services may no longer be appropriate and others may be introduced to support the positive changes. New needs are assessed and addressed on an ongoing basis.

Case planning includes cross-agency coordination.

Approximately 90% of the families served by CFSA are also receiving Temporary Assistance for Needy Families (TANF) benefits. To provide more effective support to families who are seeking services, increased access to resources that increase their self-sufficiency and ability to provide for the basic needs of their children, the Department of Human Services (DHS) and CFSA have partnered to redesign how District agencies interact with and serve families involved with both systems. In 2012, the two agencies began mapping and implementing an integrated and coordinated service delivery model. The result was a June 2012 pilot that integrates TANF with child welfare under a unified case planning model with a small sample of families. Through the pilot, CFSA and DHS are working to identify areas that are working well and that require improvement in an effort to expand the process to a larger number of families in the future.

2. Reasonable efforts are made to reunify children with their families, unless contrary to the child's safety.

Both the federal and local ASFA requirements state that CFSA must not let children languish in foster care, and that the Agency and its partners must act quickly and effectively to remove barriers to reunification so that children grow up with their families whenever possible. These “reasonable efforts” are neither federally nor locally defined but they include being responsive to family needs and providing access to quality services. CFSA’s approach toward “reasonable efforts” includes a heavy emphasis on multidisciplinary teaming to make sure that every child’s mother, father, and extended family members are involved in decisive case planning and providing frequent opportunities for quality, intentional visitation that provides family members with opportunities to learn new behaviors for managing children’s safety.

Family Engagement

Effective family engagement is the foundation from which change occurs and critical to achieving positive permanency outcomes for children. While early engagement has always been a practice expectation for social workers and staff, it has now been formalized as a requirement under the first pillar, *Narrowing the Front Door*, of CFSA’s strategic framework. The following sections provide information on a few of CFSA’s strategies to engage families throughout their involvement with the child welfare system.

Engaging Fathers

CFSA partnered during 2010 and 2011 with researchers from the Howard University School of Social Work who conducted an in-depth study of the challenges facing social workers when they try to engage fathers. The study not only sought to answer specific questions about systemic barriers but also to delve into social workers’ life experiences and perceptions, and how these impact their engagement of fathers. The findings of the final report, which was published in January 2012, revealed that effective fatherhood engagement is hindered in various ways and on multiple levels (e.g. systemic, agency and with individual staff). The findings were enlightening and instrumental in framing CFSA’s strategic response to overcome many of the barriers to engaging fathers.

During the course of this study, CFSA had already initiated development of the *Connecting Dads* campaign to raise systemic awareness of the importance of the role of fathers in the family. The campaign emphasizes that social workers are key to fatherhood engagement and their “buy-in” must include being trained with the tools and techniques to do so efficiently and effectively. The strategic framework for implementing the *Connecting Dads* program is based on the CFSA’s innovative PADRE model:

- **Practice Standards** – CFSA clarifies and distributes core values and procedures regarding fatherhood engagement. Its approach elucidates and strengthens existing policies and procedures while forging partnerships with external agencies and organizations to expand resources.
- **Accountability** – CFSA measures social worker adherence to practice values, standards, and procedures through management monitoring, oversight, and enforcement.
- **Documentation** – All fatherhood engagement activities are appropriately documented in a timely fashion in FACES.NET.
- **Responsibility** – There is top-to-bottom ownership of fatherhood engagement at all levels of the Agency.
- **Education** – CFSA’s Child Welfare Training Academy (CWTA) strengthens fatherhood-related aspects of pre-service and in-service trainings for social workers as well as resource parents.

In May 2012, CFSA celebrated its launch of the *Connecting Dads* campaign to reinforce the Agency's commitment to supporting children and fathers (as well as paternal relatives in general) who need to regain and maintain their important and lasting connections with one another. The initiative further helps fathers to understand the validity and importance of their role as parents while helping them to develop confidence in exercising their natural fathering skills. To fortify successful outcomes arising from the *Connecting Dads* initiative, CFSA has developed the following organizational supports:

- *Inter-Agency Strategic Partnerships* – CFSA partnered with the Healthy Families/Thriving Community Collaboratives and the Child Support Services Division, and is currently developing partnerships with the Department of Corrections in addition to the Court Services and Offender Supervision Agency (CSOSA) for the District of Columbia. CFSA's main objective in establishing these relationships is to draw upon each agency's capacity to help facilitate and support the engagement of fathers, and to implement strategies for attaining engagement without risk to the individual operations of each agency.
- *Enhanced Staff Training* – Direct service staff is required to complete a focused in-service training that emphasizes the crucial importance of engagement of fathers in the child welfare system. The training highlights findings from the Howard University study that indicated children in foster care are positively impacted their father's involvement. The in-service curriculum further helps social workers to recognize their own biases and presumptions about men and fathers. Additionally, the training helps to guide social workers to fully grasp the benefits of "connecting dads" to their children while overcoming the systemic and individual barriers to engaging fathers. Lastly, the training provides social workers with effective strategies for locating absent fathers and developing collaborative partnerships with them. As always, the goal is to promote positive outcomes of safety, permanency, and well-being for children.
- *Improving Father's Access to Services* – The *Connecting Dads* committee developed a *Connecting Dads Resource Directory* that was distributed to all social workers throughout the District's child welfare system. The directory contains information on housing assistance, educational support services, affordable legal representation, disability services, and other referral services and systems.

Engaging Kin

In 2012, CFSA launched the *KinFirst* initiative with the goal of dramatically reversing the District's low rate of placement with relatives. As one of the key strategies in *Narrowing the Front Door*, *KinFirst* steps up and speeds up identification of relatives and then devotes robust resources to engaging and supporting them. It marshals and coordinates the expertise of multiple interagency resources, including CFSA's Family Team Meeting (FTM) Unit, Diligent Search Unit (DSU), and Kinship Licensing Unit, all of which are housed within the new Entry Services Administration. By harnessing these varied resources at the earliest possible stages, *KinFirst* is able to divert some children from entering care and to keep others who must be placed with members of their extended family.

- DSU is CFSA's "one-stop shop" for expediting and running clearances, background checks, and FBI live-scan finger printing within 72-hours.

- At the time of a child's removal from the home, or when it becomes evident that there is imminent risk of removal, CFSA policy requires the convening of a formal FTM. At-Risk FTMs are offered for all cases assessed as intensive risk of a child's removal following the SDM™ assessment performed during an abuse or neglect investigation. As noted earlier, CFSA encourages FTM participation from the youth or child (when age appropriate), birth parents or caregivers, adult members of the extended family, and any other person identified by the family as having a significant supportive connection to the child and family, as well as a child's assigned guardian *ad litem*. The purpose of this facilitated meeting is to identify and develop support networks to promote child and family well-being, and (if necessary) to make placement decisions that promote child safety and permanency.
- If a child is removed from the family's home, the Kinship Licensing Unit quickly and temporarily licenses relatives' homes (within 5 hours in DC and within 48 hours in Maryland). This allows children in CFSA's custody to be placed immediately with family members who can keep them safe. In addition to securing greater potential for positive permanency outcomes, immediate placement with family caregivers reduces the trauma of a home removal for children. Support for the relatives comes from access to services that help kinship caregivers and their own families adjust to having their relative's child integrate into the household. Kinship Licensing staff helps caregivers access these services, and ensures that the services are tailored to meet the needs of all family members so that reunification can be expedited, or that other permanency options can be finalized with family.

Efforts to identify and engage family begin during the initial report of an allegation to the Child Protective Services (CPS) Hotline. Hotline workers responding to reports are trained to inquire about family members and to search CFSA's statewide automated child welfare information system (known as FACES.NET) for possible past involvement of the family with CFSA, and any possibly useful information on family members. Within 24 hours of an accepted Hotline referral, the CPS investigative social worker engages a child's parents to immediately identify family members as resources for family stabilization to prevent removal, or if removal is unavoidable, to function as kinship placement options. The investigative social workers are required to make formal referrals to DSU at the same time they make the FTM referral. The goal is to quickly identify and open communication with parents, grandparents, and other family members; to solicit their attendance at the FTM; to assess their willingness and viability as potential placement resources for the child; and to keep them actively engaged throughout the life of the case.

Visitation Policy

Frequent and purposeful visitation and ongoing contact between children and their families, social workers and families and social workers and resource parents is key to effective family engagement and to achieving timely permanency for children. CFSA's [Visitation Policy](#) guides social workers and other case management team members on requirements for providing and facilitating quality visits with and among clients. With an eye toward the correlation between frequency/quality of visitation and time to permanency, both the *LaShawn A. v. Gray* Implementation and Exit Plan (IEP) and CFSA's 2012 Strategy Plan place specific emphasis on improving visitation for all children and families involved with CFSA, whether the family is receiving in-home services or a child has been removed from the home. In addition to providing guidance on the facilitation of quality visits, CFSA also tracks system-wide visitation performance to monitor the frequency of visits for each family. During FY 2012, Agency performance exceeded IEP benchmarks for families requiring monthly visitation as well as for those requiring twice monthly visitation.

3. Reports of abuse and neglect are expeditiously investigated, and appropriate action is taken.

A major facet of the first pillar of CFSA's strategic framework —*Narrowing the Front Door*—is improving the timeliness and appropriateness of Agency responses to reports of abuse and neglect. As noted earlier, CFSA's CPS administration is responsible for receiving and responding to reports of child abuse and neglect. In 2012, CPS was repositioned to function under the new Entry Services Administration which integrates an array of services at the earliest possible stages of a family's involvement with the Agency in order to stabilize families and prevent removals of children from their homes. CPS' Hotline and investigations processes occur in tandem with FTMs and well-being assessments. Their coordinated efforts have helped to improve overall Agency performance for keeping children safe, whether at home with their families (whenever possible), or in an out-of-home placement (as a last resort).

In 2012, CFSA made enhancements to CPS' Hotline operation to provide better guidance to staff and to ensure a seamless process from an incoming call alleging child maltreatment to the initiation of an investigation. In 2012, CFSA's Hotline Procedural Operational Manual (HPOM) and its accompanying [Hotline Policy](#) were reviewed and updated to align with current CPS practice standards, as well as requirements and expectations of best practice standards for timely and consistent responses to abuse and neglect Hotline reports. While the *Hotline Policy* provides governance and requirements for responding to reports of abuse and neglect, the HPOM details step-by-step procedures for handling the various reports that CFSA receives daily. Procedures include (but are not limited to) the interview process and screening criteria, and referring types of reports ranging from abandonment to sexual abuse. In addition, Hotline staff participated in a "refresher" training on the HPOM in October 2012 to gain information on the revisions and understand the importance of maintaining regular use of the quality practices

In addition to progress made in timely responses to reports of child maltreatment, CFSA also expanded its array of intake interventions through implementation of the Family Assessment (FA) Unit as part of the Differential Response (DR) model. The DR model enables CFSA to respond in significantly broader ways to reports of child abuse and neglect. This model works hand-in-hand with two primary efforts: (1) an improved and comprehensive approach to assessing a child's safety once a report has been filed, and (2) expanded efforts to ensure that all children have permanent homes and stable relationships in their lives. Together, these efforts share fundamental strategies that improve child welfare outcomes in the District, specifically the stabilization of families and maintaining children in their homes.

The DR model has allowed CFSA to offer alternatives to the traditional CPS investigation process, which is by its nature adversarial for clients who are the subject of reports. With the implementation of the DR model, CFSA has increased opportunities to team with family members to identify solutions to the family's challenges through the family's voluntary participation in community services and support. Changing the way CFSA has traditionally interacted with families has removed a certain level of tension that naturally arises during an investigation. Instead, DR promotes family "buy-in" to addressing safety management and self-sufficiency, while taking ownership of future goals that can mitigate or eradicate risk completely.

To implement the DR model, CFSA implemented one FA Unit in September 2011 to work collaboratively with the families who are the subject of certain neglect allegations that merit assessment, indicate neither a serious or immediate threat to a child's health nor warrant Family Court intervention. The FA process is a strength-based, behavioral-based, family-centered assessment designed to assist families in determining the services that are necessary to address their needs, and to prevent their formal (i.e., legal) involvement in the child welfare

system. Again, a family's participation in the FA process is completely voluntary. For this reason, it is imperative that a social worker's engagement skills be second nature to their professional approach to families. Most importantly, there can be no safety concerns associated with a family participating in the FA process. If there are exigent safety concerns, the family will be referred for a traditional CPS investigation. "Safety through engagement" is a primary principle of the DR model.

Throughout FY 2012, the addition of the FA Unit allowed CFSA to serve more children and families with resources that are outside of the child welfare system. In an effort to serve the number of families that meet the criteria for the FA process, CFSA hired and trained staff to make up an FA Unit in 2012. In addition, CFSA has expanded its partnerships with the DC Departments of Human Services, Mental Health, and Youth Rehabilitation Services, in addition to DC Public Schools and the District's Metropolitan Police Department. These government agencies and community organizations offer vital services to support families. This means that more organizations are offering a coordinated set of resources to support children and families in need across the District.

For instances where an abuse or neglect report warrants a full CPS investigation, CFSA is required to make contact with the family within 24-hours of receipt of a Hotline report, and to complete an investigation of the reported allegations within 30 days of receipt of a report. In order to achieve these performance benchmarks on a consistent basis, CFSA has implemented a set of resources and trainings to support the CPS staff, as well as regular review process to provide feedback and ensure timely closure.

One such resource is the Investigations Procedural Operations Manual (IPOM), which was first published in 2011 and revised in 2012. The IPOM is a comprehensive reference tool designed specifically for use by the investigative social worker. It provides step-by-step instruction on how to respond to the family's immediate needs, how to address safety concerns, and how to plan for the child's well-being and permanency. Based on social worker feedback and identified updates to practice standards, revisions were made to ensure the IPOM remained a user-friendly resource that aligns with current practice expectations. In addition, all CPS staff members were trained in 2011 on the information and practices detailed in the published IPOM.

CFSA also incorporates a series of continuous quality improvement processes throughout the investigations life cycle. CPS management staff conducts mandatory reviews to evaluate investigations that have been opened for longer than 18 days. As outlined in the IPOM, the reviews allow CPS management to determine the necessary steps that are needed to complete the investigation process within the mandated 30-day timeframe. The immediate feedback provided by CPS management allows social workers to accomplish the steps in a timely and effective manner.

4. Families of abused and neglected children are provided the necessary services to ameliorate problems and, when possible, to reunify children with their families.

CFSA's array of case management activities and supports are outlined in the preceding paragraphs. While case management is an integral element in working with these families, such efforts would go for naught if not augmented by a wide array of community-based supports, clinical services, and other professional interventions. A great many of CFSA's services and resources are directed toward reunifying children in foster care with the parents or caretakers from whom they were removed as well as mitigating the risk and safety issues that result in their entry into the child welfare system in the first place. The strategies for both the first and second

pillars of the 2012 Strategy Plan, *Narrowing the Front Door* and making foster care a *Temporary Safe Haven*, incorporate community-based services and interventions for families being served along the child welfare continuum. Examples of these services are included below.

The Grandparent Caregiver Program

The District continues to fund the *Grandparent Caregiver Program*, which has provided monthly financial assistance (on a first-come, first-served basis) since 2005 to low-income District grandparents or granduncles and aunts who are raising grandchildren, great grandchildren, or great nieces or nephews outside the child welfare system when parents are unavailable to take care of their children. The program mitigates family financial risk factors that might otherwise result in greater involvement in the child welfare system for the youth involved. During 2012, the program increased subsidy rates by approximately 10%. As of the end of FY 2012 (September 30), the program was serving 613 families and 402 children.

Healthy Families/Thriving Community Collaboratives

CFSA continues its partnership with the Collaboratives, which are strategically located in five neighborhoods in the District that statistically have large numbers of families who come into contact with the child welfare system. The Collaboratives provide access to geographically-friendly resources for the families in the communities and the eight District Wards served by the individual Collaboratives. Several Collaboratives serve more than one District Ward. CFSA contracts with each Collaborative to provide a range of services that fall within four over-arching service categories:

- **Family Supportive Services**
 - Emergency assistance
 - Crisis intervention
 - Information and referral
 - Homemaker services
 - Financial guidance and skill building
 - Employment counseling
 - Housing referrals
 - Parenting education and training
 - Family Group Conferencing
 - Fatherhood engagement
 - Case management services
- **Partnership for Community-Based Services (PCBS)**
 - Joint case management and teaming with CFSA on cases that are open with the Agency, but do not involve a home removal
 - Intervention to stabilize families in their home environment and mitigate risk factors that might otherwise lead to a child's entry into foster care
- **Youth Aftercare Services**
 - Provision of intensive case management services to youth before, during, and immediately after their transition from the foster care system
 - Teaming between Collaborative family support workers (FSW) and CFSA social workers during the months leading up to the youth's exit transition from foster care
 - Full FSW case management responsibility for up to 24 months after the transition from foster care or until the youth has achieved the various goals of his/her transition plan

The entire CFSA/Collaborative partnership has successfully strengthened families by enhancing the prevention and family preservation supports that are available to the District's children and families in their own neighborhoods and communities. Evidence to this success is the reduction of children removed from their homes and the increase in services offered to families whose children remain at home.

The Safe and Sound Program

CFSA, the DC Family Court, the Court Improvement Project (CIP), the Office of the Attorney General, the East of the River Family Strengthening Collaborative, and the CFSA-funded Parent Advocate Project (PAP) continue their collaboration on the *Safe and Sound* program, a model Family Court initiative that supports families in jeopardy of having children removed and entering the foster care system.

The two primary goals of the *Safe and Sound* project are (1) to reduce the number of child welfare cases that convert from in-home cases to Family Court-involved foster care cases, and (2) to gather quantitative data on the barriers to successful closure of in-home cases with the intent to enhance practice procedures to address those barriers. Families are recruited and invited to participate in the *Safe and Sound* program if they meet the criteria that they are at high risk for removal of children from the home. As an alternative in-home intervention, the program does not involve formal Family Court hearings or proceedings. Instead, through the convening of periodic Family Action Meetings, the intervention team (including family members and their invited stakeholders) engage in open discussion regarding the risk factors. Together, the family and team make determinations for how best to overcome these factors.

Safe and Sound is set apart from other in-home or community-based interventions by the invested role of a Family Court judge, who plays the unique role of an *equal* member of the family team. The judge's role is not to compel the other members of the team to action, but to re-state for clarification what the team members have determined for themselves. As a judicial officer, the judge is highly trained and skilled at listening to the facts of a situation and focusing in on the most important points. With this expertise, the judge helps team members to sort through many complex issues and, as noted, to focus on the most critical barriers so that the team can begin identifying solutions. The judge can also provide a realistic and accurate view of how the family's life can and would be impacted if a child is removed and the case thereby legally involved with the Family Court. Lastly, the judge is best qualified to answer any questions about the judicial system and to address expectations and risks of further penetrating the child welfare system.

Evaluation of the *Safe and Sound* program is overseen by CFSA's Office of Planning, Policy and Program Support and CIP. Both are engaged in ongoing information gathering and have been working to develop tracking and evaluation tools (including a participant exit survey) to assess outcomes of selected participants. A control group was established for the first year of the project to provide baseline data. As of September 2012, a total of 21 families have been engaged in the *Safe and Sound* program, and a total of 85 Family Action Meetings had occurred. In FY 2013, CFSA has begun the process of developing an evaluation that will be administered within the year to gather and assess qualitative and quantitative data on the impact of the program on families who have participated.

The Family Treatment Court (FTC) Program

The FTC program is a District-wide partnership among the Family Court, CFSA, the DC Office of the Attorney General (OAG), the District's Department of Mental Health (DMH), Department of Health's (DOH) Addiction Prevention and Recovery Administration (APRA), a contracted residential treatment provider, and various community-based agencies and service providers.

FTC is a CFSA-funded voluntary residential substance abuse program that is coordinated and supervised through the Family Court. The program specifically provides comprehensive substance abuse treatment for CFSA-referred women who have dependent children who are the subject of a child neglect case. FTC is a comprehensive treatment program that allows the Family Court to monitor a parent's progress in drug treatment and to measure specific outcomes. The program is especially designed to enhance family reunification through supportive community-based services. FTC also supports CFSA and the Family Court in complying with the federally-mandated ASFA timelines for achieving timely permanency for children.

Parent Advocate Project (PAP)

When working with families where a home removal has taken place and one or more children are in the foster care system, a key strategy toward engaging and empowering families in the case planning process for their children involves CFSA's partnership with the *Parent Advocate Project (PAP)*. This CFSA-funded program is designed to facilitate and support faster, safer, and permanently lasting reunifications for families with children currently placed in the foster care system. PAP is an innovative method for pairing parents who have children currently in foster care (with a goal of reunification) with trained mentors who have (in the past) had open cases with CFSA and many of whom successfully reunified with their own children. The mentors offer their experience and provide consultation for services and referrals, as well as one-on-one support to parents seeking reunification.

Because mentors speak from a position of experience with successful interaction with the child welfare system, they have tremendous weight with the clients with whom they are paired. Mentors approach parents as peers precisely because they empathize. They themselves were once parents who were traumatized when their children were removed from their home, and who may have been hesitant to work with their social worker. Based on their own experiences, and successful outcomes, they offer valid counsel and sound advice. PAP mentors not only facilitate engagement between parents and social workers, they also promote a parent's progress toward case goals while fostering hope for parents who might otherwise be in despair.

Increased Collaboration between CFSA and DMH

CFSA and DMH earnestly work together to meet the mental and behavioral health needs of children in the child welfare system. The two agencies have collaborated to expand the capacity of evidenced-based services that support all of the District's children and youth and their families within their communities. DMH and CFSA continue to team to reduce the number of youth in psychiatric residential treatment facilities (PRTFs), to increase the range and quality of mental health services available to young children, and to encourage foster family participation in all levels of the mental health system.

The following action steps have already been implemented by the District:

- *Co-location of DMH Mental Health Staff at CFSA* – The co-located team, including a clinical psychologist, liaises with CFSA clinical staff, manages referrals, tracks services, and evaluates mental health programming on behalf of CFSA-involved clients.
- *Implementation of the Choice Provider Network* – This network is a designated cohort of core service providers (CSAs) of the District's mental health rehabilitation services' (MHRS). It serves as a clinical home for children being served by the public mental health system. DMH continues to expand the number of providers participating in the network.
- *Healthy Futures Program* – This early childhood mental health consultation initiative focuses specifically on children between the ages of 0 to 5 years. It locates early childhood mental health clinicians in 24 child development centers across the District

and offers screening services for early identification of emotional concerns so children and families can get the help they need.

- *Parent Infant Early Child Enhancement (PIECE) Program* – This program is currently located in Ward 8 of the District. It involves a partnership with DOH's Healthy Start program and provides short-term parent coaching with a therapist who demonstrates effective parental responses to various child behaviors.
- *Expansion of Evidence-Based Practices* – DMH continues to train local clinicians on evidence-based practices to improve functioning in the home, school, or community, including [Focused Cognitive Behavioral Therapy](#), [Functional Family Therapy](#), [Parent Child Interaction Therapy](#), [Child Parent Psychotherapy for Family Violence](#), and [Multi-systemic Therapy for youth with Problem Sexual Behavior](#).
- *School-Based Mental Health Program (SMHP)* – The SMHP provides intervention and prevention services in 53 public and charter schools throughout the District. The SMHP also recently expanded the Primary Project, which provides school-based interventions for pre-K through 1st grade youngsters in 16 schools and 14 child development centers throughout the District.

CFSA will also continue to collaborate with DMH to support the District's efforts to address various issues that remain in the area of mental health services, including the following steps:

- Continuing to reduce the number of children and youth placed in PRTFs
- Improving the quality of available mental health services, including improving the timeliness of initial assessments and subsequent delivery of recommended services
- Continuing the momentum of the Healthy Futures program to increase availability of early screening and intervention services for childhood mental and behavioral health conditions
- Continuing to expand the availability of high-quality school-based mental health services

CFSA, DMH, and the Choice Providers have also developed quarterly tracking reports that document timeliness of service referral and inception. These reports are used during bi-monthly management meetings to identify and build upon performance achievements. The intent of this oversight is to reduce delays in the provision of critical mental and behavioral services and interventions.

Placement Stability Project

Quality services and supports for foster parents and the children in their care are critical to assuring placement stability and positive outcomes. An effort that has proven effective in supporting foster and birth families is the Placement Stability Project. CFSA partnered with external stakeholders including the Foster and Adoptive Parent Advocacy Center (FAPAC), the DC Family and Youth Initiative, Foundations for Home and Community, Kayla's Village, KidsPeace, and the Progressive Life Center to host day-long trainings for foster parents and social workers in May, July, and October 2012. Approximately 120 foster parents have participated in the training and benefited from its lessons.

The purpose of the project, which was first implemented in September 2011, is to provide practical approaches to parenting children dealing with trauma and to work through strategies to mitigate risks to placement disruptions. While the overall population of children in foster care continues to ebb downward, placement stability for those children who are in care remains a decisive priority for practice focus. CFSA (and private agency) program management staff meet on a quarterly basis to assess whether foster families are receiving the services and support they need. Placement stability is addressed and assessed at each meeting through the following strategies:

- Evaluating teaming and communication between foster parents and direct service staff
- Discussing placement stability challenges with older youth in foster care
- Sharing foster parent insights and common frustrations experienced by foster parents
- Addressing other systemic barriers that impact placement stability

The Agency provides cross-training between social workers and foster parents to address the issues raised during placement stability meetings. CFSA recognizes how the relationship between foster parents and social workers can have a significant impact in the overall course of placement. Sharing information and fostering a teaming approach throughout the case promotes timely reunification, placement stability, and better emotional development for the child.

Mockingbird Family Model

In early FY 2012, the Mockingbird Family Model expanded with the implementation of a “constellation” of kinship homes. A constellation is formed out of a cluster of five to ten resource homes or “satellites”, each of which may house one or two children or youth in foster care. In each constellation, there are parents who are responsible for providing various support services to the satellite parents from a centralized home (the “Hub home”). The purpose of the model is to increase quality support and respite services for resource parents, which in turn benefits the safety, well-being, and permanency of the children in the homes.

In 2012, CFSA maintained a total of eight constellations that have been participating in the Mockingbird Program which covers all 4 quadrants (NE, NW, SE, and SW) in the District. Within the eight constellations, there are 50 participating homes, of which 43 are traditional foster homes and seven are kinship homes.

Building on the success of the Mockingbird Model for traditional foster homes, CFSA implemented the first constellation for kinship homes in early FY 2012. The Agency is working closely with these kinship providers to gather feedback to inform the continued expansion of the Mockingbird Model for kinship homes. In addition, CFSA’s Family Resources Division has conducted on-site trainings to private agency partners to continue promotion of the Mockingbird Family Model as an effective, evidence-based strategy to provide support to foster parents and the children in their care. These trainings have included information on the lessons learned during the planning and implementation process so that private agencies will have the benefit of this knowledge should they decide to implement their own constellations.

Congregate Care Review

CFSA partnered with the Annie E. Casey Foundation (AECF) during FY 2012 to conduct a comprehensive review of the Agency’s use of congregate care placements. The objective of this review was to gather sufficient information on placement to further support CFSA’s ongoing efforts to reduce these types of placements while simultaneously increasing kinship placements and other family-based placements in the District. AECF’s initial assessment concluded that while CFSA had already implemented some effective strategies to reduce the use of congregate care, there were a few areas that could benefit from additional attention. One such area concerned the use of therapeutic group homes located out-of-state (i.e., Maryland and Virginia), some of which are more than 100 miles outside of the District. With technical assistance from AECF, CFSA conducted individual case reviews of all youth placed in therapeutic homes located in other states, in addition to youth placed in traditional group homes in the District. CFSA continues to inquire, “What will it take to transition the youth to a family?” For cases where it is determined that the youth is ready to transition to a family, a plan is developed and implemented to provide supports both for the youth’s transition and for the family receiving the

youth. In circumstances where it is determined that the youth is not yet ready to transition, the cases are monitored to ensure that the youth is transitioned to a family when ready.

The review sample included 84 youth in congregate care. The following activities and data resulted from the review process:

- 32% (n=27) of the youth in the review sample transitioned to a family.
- 55% (n=45) of the youth remained in a therapeutic, specialized, or traditional group home.
- The remaining 13% (n=12) exited from care, were incarcerated, or transitioned to an independent living program, a transitional living program, or a teen parent program or other setting.
- 40% (n=15) of the youth who were placed 100 miles or more from the District (n=35) transitioned to placements within or closer to the District.

Since the introduction of the congregate care review process, CFSA observed a more rapid reduction in group home placements than seen in the last 2 years for the same time periods. For example, between May and September 2012, group home placements decreased by 22% in comparison to a 14% decrease in 2011 and a 5% decrease in 2010.

5. If family preservation or reunification services are unsuccessful, quick action is taken to implement a concurrent permanency plan of adoption or another appropriate alternative planned permanent placement.

Permanency Planning

CFSA took a series of important steps in FY 2012 to align its internal structure to support the goals and outcomes of the Four Pillar strategic framework. With the creation of the Entry Services Administration and Kinship Support Division, CFSA assembled an array of resources and services at the front door to enhance the Agency's responsiveness toward meeting family needs for stabilization, to emphasize early engagement of kin in case planning, and when removal is absolutely necessary, to shorten stays in foster care via timely reunification. The move increased staff coordination and cooperation among the Family Team Meeting Unit, the Clinical Health Services Administration, and the Placement Services Administration. By promptly mobilizing CFSA's staff expertise, children and families were engaged and able to receive a more well-rounded response to allegations of abuse and neglect.

Simultaneously, CFSA conducted a comparative analysis of the District's performance regarding alternative permanency options (such as adoption, guardianship, and Alternative Planned Permanent Living Arrangement [APPLA]) versus that of other comparable municipalities (e.g., Birmingham, Alabama; Decatur, Georgia; and Oakland, California). The analysis clearly showed that the District was lagging in this area. As a result, CFSA announced a major re-structuring toward the end of FY 2012. This restructuring aligns with the objectives of the second pillar (*Temporary Safe Haven*) and reinforces the Agency's commitment to achieving timely permanency for all children in out-of-home care.

Prior to the re-structuring, CFSA had a designated administration, the Out-of-Home and Permanency Administration (OHPA) that specialized in adoption recruitment and finalization. Having a specialized administration, however, was not revealing as significant an impact on permanency outcomes as expected. OHPA was therefore disbanded in 2012. Former OHPA

staff was integrated into other program areas within CFSA, primarily to other units with case management responsibility for families with children in out-of-home care.

Moving forward, CFSA is instituting a new model of practice in which moving children and youth to permanence is a key responsibility of every case-carrying social worker. In 2013, CFSA and private agency social workers will receive training to further enhance their skills in areas that were previously addressed but OHPA, such as adoption finalization. In a second level approach to expedite permanency, some staff members have been assigned the role of “case practice specialist” to assist social workers who may be experiencing challenges in successfully moving a case forward to positive permanency. Designated case practice specialists have been assigned to CFSA’s In-Home Permanency Administrations as well as being assigned to each of CFSA’s contracted private agencies. Case practice specialists will also work closely with independent living (IL) specialists under CFSA’s Office of Youth Empowerment (OYE). IL specialists are assigned to address the unique needs of older youth preparing to exit foster care.

Youth Transition Planning

About a quarter of all youth in foster care in the District are over the age of 18. CFSA’s exit plan from its ongoing consent decree heavily emphasizes the child welfare system’s performance with respect to the youth transition process. The metric within the plan requires that 90% of youth ages 18 and older have a plan to prepare them for adulthood. The plan must be developed in consultation with the youth.

No later than 180 days prior to the date on which the youth will turn 21 years old (or the date the youth achieves permanency), an individualized transition planning process reaffirms the youth’s connection to family and/or at least one stable adult committed to the youth’s success towards self-sufficiency. The transition process also addresses, as appropriate, housing, health insurance, education, and linkages to continuing adult support services, work force supports, employment services, and local opportunities for mentors.¹

OYE begins the transition planning process when a youth in care turns 15 years old. A life skills assessment is a key component of this process and provides a baseline assessment of the youth’s strengths, needs, and interests, along with a learning plan that becomes a road map to self-sufficiency. Transition planning culminates with an interview that occurs on or near the youth’s 21st birthday and offers an opportunity for aftercare services and financial resources. In the intervening time period, permanency and transition planning includes a continuum of team-based transition planning meetings that periodically bring the youth together with their case management team and other important case stakeholders. These meetings address strengths, issues, achievements, barriers, and progress toward the ultimate goal of readiness for independent living. The focus of OYE and the youth’s case management team throughout the entire transition planning continuum is to empower the youth to own the plan, own the process, and own the outcome.

Under the FY 2012 OYE transition planning model, the full process occurs in two phases. As noted earlier, the first phase begins with a recommended life skills assessment within 30 days of the youth’s 15th birthday. CFSA, private agency, and Collaborative social workers, as well as court-appointed special advocates (CASA) volunteers all receive training on how to administer the assessment tool. Immediately following completion of the assessment, OYE schedules the Individual Transitional Independent Living Plan (ITILP) meeting, during which time the learning plan is integrated into a greater transition plan that draws together the youth’s experiential and historical information (including medical, dental and mental health histories), past and present

¹ This exit standard is satisfied if CFSA makes and documents good faith efforts to develop a transition plan but the youth refuses to participate in transition planning.

living arrangements, existing supports and services, and cultural interests and characteristics. The attendees, who are guided by the youth, then develop the service supports and action steps to which various team members will be held accountable as the youth moves toward independent living. The ITILP is updated following team meetings every 180 days (or more frequently if necessary).

The second phase of transition planning begins 30 days prior to a youth's 18th birthday with the transitional planning process meeting. These meetings occur every 6 months while the youth is 18 and 19 years old, and then every 90 days after the youth turns 20. Transition plan meetings are facilitated by OYE IL specialists and social workers, but they are led and driven by the youth themselves. The social workers and IL specialist guide the discussion and the youth provides the summary of ongoing services and supports he/she is receiving as well as an update on progress toward the identified goals. The youth also owns the discussion of recent accomplishments and challenges, and is responsible for suggesting and implementing changes to the ITILP.

Since youth under CFSA's care may continue in the child welfare system until the age of 21, the formal transition planning process allows the youth and key stakeholders 3 full years to understand the complexities of the youth's upcoming transition and to gather the skills necessary to live self-sufficiently and independently following exit from the foster care system. The increase in frequency of the transition meetings as the youth moves closer to exiting from care allows the youth and his/her team to raise issues and address barriers more quickly while easing the transition out of the child welfare system.

Both ITILP and transition planning meetings require teaming and open dialogue with stakeholders (mothers and fathers, extended family members, identified friends and adults of importance to the youth, community-members, service providers, etc.) who are invested in the youth's future. Together, the youth and his or her team develop a sound plan for the transition from adolescence to young adulthood. If necessary, the transition team will assist the youth to refocus goals, as appropriate.

In addition, OYE developed and implemented a review process called *21 Jumpstart* in FY 2012 to assess the preparedness of youth aged 20 for their transition from foster care. The goal of the review was to prevent youth from reaching their 21st birthday without a comprehensive plan and access to the necessary resources to have a successful transition from foster care. Reviewers evaluated the youth's relationships with family, friends and community supports that could assist then during and after their transition, as well as the youth's connection to employment, vocation, housing and other resources necessary to become a stable, independent adult. The review team included representatives from OYE, CFSA's Director, the assigned social worker and supervisory social worker. *21 Jumpstart* proved helpful to social workers as an opportunity to look "outside of the box" when helping youth transition from foster care and further helped the agency identify systemic challenges to accessing necessary supports for this population.

6. Criminal records checks are performed for all individuals seeking approval or licensure as kinship caregivers, foster or adoptive parents, or as legal guardians.

A core licensure (and biannual re-licensure) requirement for all prospective kinship and foster family providers is a timely criminal records check of each adult residing in the home. This is one of the various ways in which the Agency seeks to ensure the safety of District children in foster care. Neither CFSA nor any other child placing agency in the District will issue a license unless (and until) it receives the results of local law enforcement as well as Federal Bureau of Investigation criminal background history checks. Prospective foster and adoptive homes in

other states must also complete criminal background checks, although the process for renewal may differ from the District's practice due to state regulations.

Over and above its impact on child safety, compliance with this requirement also has a significant fiscal impact on CFSA. Criminal records checks are a prerequisite for receipt of federal funding under Title IV-E, which is an integral source of funding for the child welfare system. Lack of compliance could result in significant fiscal penalties for CFSA. Fortunately, this has not arisen for CFSA. At the end of FY 2012, CFSA completed the Title IV-E Foster Care Eligibility Review, which is a comprehensive on-site federal review of CFSA's administration and stewardship of its Title IV-E program. The federal reviewers affirmed Agency licensing practice and found CFSA to be in substantial compliance with all Title IV-E requirements, including those related to timely criminal records checks for foster family providers.

7. Administrative reviews and permanency hearings are held in a timely manner for all children adjudicated as neglected.

CFSA and the Family Court work collaboratively to meet the DC ASFA mandate that a "permanency hearing" occur within 12 months after a child's removal from home, and at least once every 6 months thereafter for as long as the child remains in care. DC ASFA also requires the Family Court to rule whether CFSA has made "reasonable efforts" to implement the child's permanency plan. In 2010, the Family Court Implementation Committee's Abuse and Neglect Subcommittee took steps to ensure that such an adjudication occurs at every permanency hearing through an update to the permanency hearing court order template that is used at all such hearings.

In its [2011 Annual Report](#), the Family Court noted that since 2006 it has complied with DC ASFA's permanency hearing requirements for over 90% of the cases under its purview.² In practice, Family Court judges hold permanency hearings with greater frequency than is required by DC ASFA. For example, during the aforementioned Title IV-E Foster Care Eligibility Review, the federal reviewers lauded the District in their final report for the frequency and quality of permanency hearings for youth in care.

For more than a decade, CFSA had conducted concurrent administrative reviews for all youth in care for more than six months. CFSA's most recent and effective administrative review vehicle was the Structured Progress Review (SPR) during which an Agency specialist actively encouraged participation of family, youth, and stakeholders so that CFSA could strengthen practice in general and outcomes for individual families in particular. With the 2012 introduction of the Four Pillar strategic framework, CFSA internally assessed its staff resources and priorities and re-allocated its SPR specialists to the newly created Entry Services Administration.

The SPR specialists no longer facilitate administrative reviews; they now coordinate and facilitate Family Team Meetings for youth who are at risk of removal or who were recently removed from their homes. With its renewed emphasis on identifying and engaging kin at the earliest possible stages of a case, the Agency determined that SPR specialists would be more appropriately dispatched to support "front end" family teaming than to work on an ongoing administrative review process that is largely covered under the Family Court's permanency hearings.

² <http://www.dcappeals.gov/internet/documents/2011Family-Court-Annual-Report-Final.pdf> (Page 48)

8. Notice and “Opportunity to Be Heard” in neglect and parental termination cases is provided to certain individuals.

The District has remained in compliance with notice requirements under DC ASFA legislation as well as with notification requirements of District statutes and rules governing judicial proceedings in abuse and neglect cases. Specifically, Rule 10 under the DC Superior Court Rules for Neglect and Abuse Proceedings mandates that parties to a case shall be provided notice and “opportunity to be heard”. Rule 10 further defines which other parties and/or persons shall also be entitled to such notice and opportunity. Rule 11 requires that a copy of the Agency’s petition for the termination of parental rights (TPR) along with a summons to appear in Family Court be served on any parent, guardian, or custodian named in the case.

DC Code §16-2357 mandates that notice be provided to all parties to the case once a motion to TPR a case is filed. The same provision requires the presiding judge to direct an issuance of a summons and a copy of the motion to be sent to the affected parent, or other appropriate persons, either directly or constructively through some form of public notification such as posting or publication. As a general practice, TPR proceedings do not advance unless proper notice has been issued.

To further support notification of interested individuals in ongoing hearings, CFSA’s Office of Planning, Policy and Program Support (OPPPS) continues to send notification of upcoming permanency hearings to foster parents in order to ensure their attendance and participation in the hearings. Foster parent involvement in permanency hearings is another important component of engagement of stakeholders to ensure successful permanency outcomes for children.

9. Procedures related to interstate adoptions and medical assistance are established.

DC ASFA requires that any child who was eligible for adoption assistance payments during an initial adoption that occurred on or after October 1, 1997 is to maintain that eligibility in a subsequent adoption if the initial adoption was disrupted either because the adoptive parents died or because their parental rights were terminated. Additionally, DC ASFA requires CFSA to have established procedures for providing interstate adoptions and medical assistance. Since the passage of the DC ASFA legislation in 2000, CFSA has consistently addressed the DC ASFA requirements pertaining to interstate adoptions and medical assistance procedures.

2. Additional Practice Improvements during FY 2012

Independent Living Services for Older Youth

CFSA’s Office of Youth Empowerment (OYE) continues to partner with two non-profit agencies to deliver services to older youth in the District. Since FY 2012, OYE has collaborated with Synergistic Incorporated (SI) and Sasha Bruce Youthwork, Incorporated (SBY) to administer the following programs to prepare youth for adulthood:

- SI administers the 4 ACES program, which assists youth to develop the knowledge and skills necessary to advance academically and to obtain and maintain employment. The program engages youth in both formal and informal educational and vocational

opportunities. SI also provides quality support services to promote educational stability, retention, and academic success for youth in care. In addition, tutorial services are provided to youth who are having a difficult time succeeding in college. For youth who are managing multiple responsibilities, such as parenting, the program ensures that youth are not sacrificing their educational advancement due to personal obligations. If the youth is uninterested in educational advancement, SI works with the youth to reevaluate their short and long-term plans, develop vocational or employment-related goals, and to pursue their goals.

- SBY administers the DC Building Opportunity through Supportive Services (DC BOSS) program, which assists youth in developing their life skills before the transition to adulthood. By utilizing the OYE life skills assessment tool, the program focuses on developing specific services plans for youth with assistance from their social workers.

Additionally, to ensure that older youth are exiting care with the education and skills necessary to help them become successful, well-adjusted, and self-supporting adults, OYE offers an array of services that are tailored to meet the individual needs and goals of each youth. Many of these programs incorporate community-based partners with expertise to augment the existing independent living services that OYE currently offers.

Educational – OYE educational specialists support youth and their caregivers through the college application and financial aid process, ensuring the smooth processing of educational and training voucher (ETV) payments, and providing guidance and support to youth attending post-secondary institutions. These educational specialists provide pre-college support for youth in high school, including securing resources for standardized testing (i.e., SAT/ACT) preparation and determining college readiness. OYE also sponsors bi-annual 3-day college tours for youth who have expressed interest in post-secondary education. These visits give youth the opportunity to interact with college students and faculty who can assist them in their decision-making process.

Vocational – Vocational specialists focus on engaging youth in both formal and informal educational opportunities. The vocational specialists also connect youth to vocational tours, training, and employment opportunities. They develop resources for internship and employment mentoring opportunities for youth in care as well as administering vocational assessments for youth. Throughout this process, the vocational specialist remaining engaged in the youth's vocational performance to ensure that adequate supports are in place for successful completion of programs. One successful vocational program implemented and funded by OYE is the Foster, Adopt, Mentor (FAM) Treats program, a 12-week culinary arts internship for youth interested in becoming licensed food handlers and even sous-chefs. During the program, the youth are expected to attend weekly site visits to local restaurants to acquire hands-on experience in preparing foods. The FAM Treats program allows youth to gain employment in the food industry after obtaining their license. Thus far, the program has recruited 25 youth who are interested in learning and practicing this trade.

Career Exploration – In FY 2012, CFSA collaborated with the DC Department of Employment Services (DOES) to develop and administer workforce development programs for District youth ages 14-21. DOES provides the youth with occupational skills training, work experience, academic enrichment, and life skills training to facilitate the development of work habits and skills that are essential for success in the workplace. In addition, DOES has implemented the Pathways for Young Adults Program (PYAP), which assists unemployed youth who have transitioned out of care. The program, which helps young District adults ages 18 to 24, supports disconnected or at-risk young adults with education support, case management, and job

readiness training. These young adults must have a high school diploma or a GED to qualify for the program. The main areas of occupational training include culinary arts, tourism, allied health, hospitality, construction property management, and basic information technology with administrative technology (IT/AT).

Life Skills – Providers work with participants to ensure that they have the basic life skills to become self-sufficient adults. The suite of life skills services includes social relationships and communication coaching, daily living skills and time management, housing and money management support, self care, and (if necessary) parenting education and support.

Credit Reports Information, Referral, and Counseling - In response to the District's Foster Care Youth Identity Protection Amendment Act of 2010, CFSA began providing annual credit reports in 2011, without cost, for all youth under the age of 18 years who were preparing to exit foster care to guardianship or adoption. The purpose of the law is to identify and mitigate potential instances of identity theft of children in foster care and to rectify matters prior to the finalization of permanency.

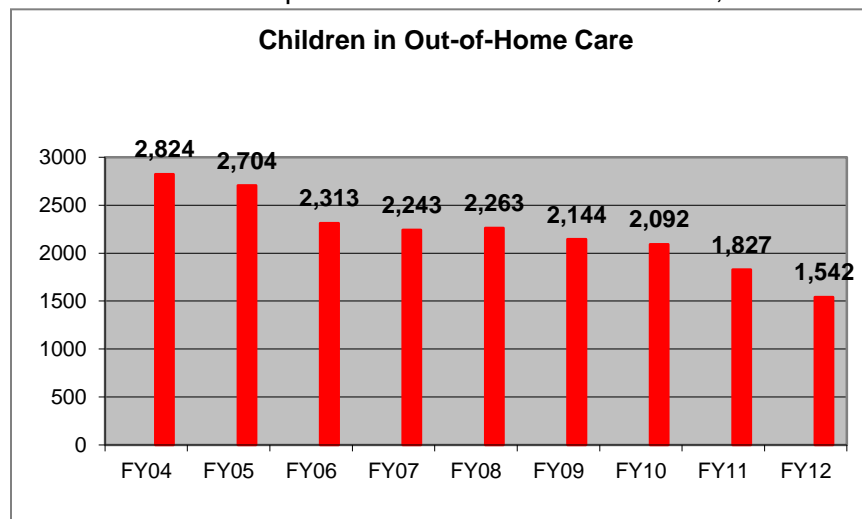
Also in 2011, the federal Child Welfare Improvement and Innovation Act expanded the District's existing local legislation with a mandate that child welfare agencies were to provide free annual credit reports to all youth in foster care over the age of 16 until they exited from foster care. In compliance with both the federal and local requirements, CFSA began obtaining credit reports in 2012. If the credit reports exist and indicate risk or instance of identity theft, CFSA social workers review the reports with the youth and provide (or provide linkage to) assistance for interpreting and resolving any inaccuracies in the report. Assistance from a court-appointed special advocate (CASA) may also be available.

3. Statistical Analysis of Foster Care Cases and Permanency Outcomes

CFSA's FACES.NET management information system provides numerous statistical reports that Agency management uses to assess system-wide performance, to improve daily practice, and to inform long-term strategies to address changes in population and needs. The following are highlights of FY 2012 findings about children and youth in the District child welfare system.

The number of children in out-of-home placement continues to trend downward.

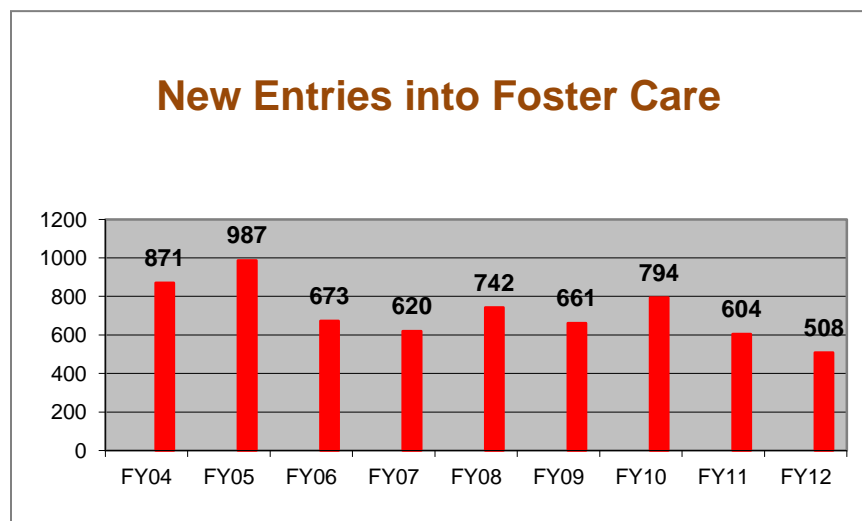
The overall population of youth in out-of-home care went down by 16% from the end of FY 2011 to the end of FY 2012. This population has been trending downward since CFSA first published the Annual Public Report for FY 2004. Since that time, CFSA has experienced a 45% reduction



in the size of its foster care population. As of the end of FY 2012, 1,542 youth were in foster care.

Additionally, the percentage of youth in foster care between the ages 13-21 years decreased from 53% in FY 2011 to 52% in FY 2012. This figure continues to trend downward from a high of 58% in FY 2007.

CFSA experienced a drop in the number of new entries into Foster Care in FY 2012.



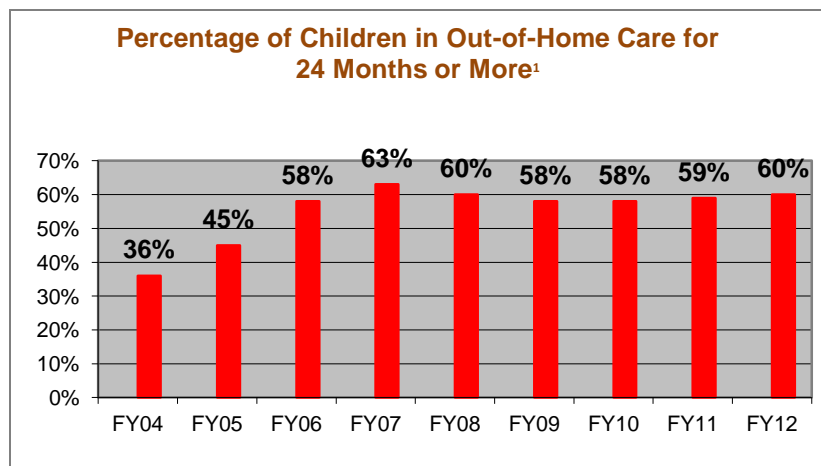
Consistent with CFSA's efforts to *narrow the front door* under the Four Pillars Strategic Framework, the number of new entries into foster care system decreased from last year to this year. There were 96 fewer entries into foster care in FY 2012 than there were in FY 2011.

This marks the third consecutive year that this statistic has decreased, and the 508 entries for this time

period represents the lowest new entry total in the eight years that CFSA has been compiling the Annual Public Report.

The percentage of youth in foster care for more than 24 months increased slightly.

At the end of FY 2011, 59% of children in foster care had been in care for 24 months or more.³ By the end of FY 2012, that percentage edged upward to 60%.



Despite the significant drop in the overall out-of-home population, the number of youth who entered into this category (246) during FY 2012 increased slightly from the prior fiscal year (240). CFSA continues to strive toward the ASFA goal of reducing the number of children languishing in out-of-home care.

Statistical Analyses

The following tables are reflective of the status of children on the last day of FY 2012 (September 30, 2012). Groups of tables address information requirements for this report as listed in the CFSA Establishment Act of April 2001 (Appendix A).

Information requirement - *Total number of children in care, their ages, legal status, and permanency goals*

At the end of FY12 . . .

A total of 1,542 youth were in out-of-home care, which is an all time low in the nine years that CFSA has been compiling the Annual Public Report.

The percentage of older children in foster care (ages 13-21) dropped from 53% to 52% of all children in out-of-home care.

The permanency goal of Alternative Planned Permanent Living Arrangement (APPLA), applies only to children or youth whose other permanency options have been explored and exhausted. The downward trend of youth in care with a goal of APPLA continued in FY 2012, with 20% of youth in this category.



CFSA continues to see a gradual re-distribution of the permanency goals of youth in care. In FY 2004, 59% of youth in foster care had permanency goals of either APPLA or Adoption, and 33% had goals of either Reunification or Guardianship. In FY 2012, 41% had goals of either APPLA or Adoption and 55% had goals of either Reunification or Guardianship.

³ In the FY 2008 Annual Public Report, CFSA erroneously reported that its percentage of children in foster care for greater than 24 months in FY 2004 and FY 2005 was 68% and 63% respectively. Those figures were corrected to 36% and 45% respectively in the FY 2009 report and have carried over into this FY 2012 report.

District Foster Children by Permanency Goal <i>Point in Time: End of FY12</i>	
Goal	# of Children
Reunification	454
Guardianship	401
Adoption	324
Alternative Planned, Permanent Living Arrangement (APPLA)*	311
Legal Custody**	2
Data Unavailable#	50
Total	1,542
*APPLA includes goals of Independent Living, Long-Term Foster Care, and Long-Term Residential Treatment. ** For these youth, the goal is custody with the non-custodial parent. # Data entry anomalies prevent actual goals from being reflected. The majority of these children have been in care between 6 and 12 months, but their goal of reunification is not reflected in the FACES.net management information system as "Court Approved". Permanency goals for youth in care for more than 180 days must be "Court Approved" to be reported as valid in FACES.net reports.	

District Foster Children by Legal Status <i>Point in Time: End of FY12</i>	
Status	# of Children
Committed	1,326
Shelter Care	117
Administrative Hold	92
Data Unavailable#	7
Total	1,542
#Data entry anomalies prevent actual statuses from being reflected. Totals in this category should be evenly distributed among the other status categories.	

District Foster Children by Age <i>Point in Time: End of FY12</i>	
Age (in years)	# of Children
<1	23
1	51
2	88
3	70
4	78
5	58
6	49
7	62
8	69
9	47
10	46
11	49
12	51
13	54
14	74
15	81
16	88
17	119
18	127
19	131
20+	127
Total	1,542

Information requirement - Number of children who entered care during the year (by month), their ages, legal status, and primary reasons for entering care

In FY12. . .

- A total of 508 unique children and teens entered out-of-home care, which is a 16% reduction from last year, and a 37% reduction from FY 2010. The 2012 total of 508 entries is a nine-year low.
- In FY 2012, neglect was the most prevalent causal factor for youth who entered into foster care. Nearly 76% of all entries indicated neglect as a primary reason for Agency involvement.
- In FY 2012, there was a decrease in physical abuse as a causal factor in foster care entry. Of 508 entries into foster care, 16% (66) indicated physical abuse as a causal factor. In FY 2011, 26% (157) of all entries into foster care indicated physical abuse as a causal factor.



Foster Care Entries by Child Age and by Month, FY12													
Age	2011			2012									Total by age
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
<1	7	3	7	10	5	6	5	2	2	4	3	7	61
1	4	9	1	1	5	2	3	2	2	0	1	1	31
2	5	3	4	3	2	1	4	1	1	3	3	3	33
3	4	6	4	4	4	2	5	3	4	1	3	3	43
4	0	5	1	0	5	2	3	2	6	0	2	2	28
5	3	6	4	3	4	4	3	1	1	0	3	2	34
6	3	3	1	5	6	1	3	5	0	0	2	2	31
7	5	5	1	5	6	2	1	2	3	0	0	2	32
8	4	2	0	3	6	1	0	3	1	4	1	2	27
9	2	0	3	5	3	2	0	1	0	0	1	2	19
10	4	3	1	2	3	1	0	2	0	2	0	1	19
11	3	1	2	3	2	1	2	4	1	1	0	3	23
12	3	2	1	2	1	3	1	1	2	0	2	1	19
13	5	0	1	3	2	3	0	0	1	4	0	1	20
14	0	1	0	5	4	2	1	2	3	1	1	0	20
15	4	2	0	1	0	6	1	3	2	3	1	1	24
16	1	3	4	4	2	1	2	2	2	1	1	3	26
17	0	1	2	2	0	4	0	2	1	0	3	2	17
18**	0	0	0	0	0	1	0	0	0	0	0	0	1
Total by mo.	57	55	37	61	60	45	34	38	32	24	27	38	508*

* CFSA actually placed 506 unique children in FY12, but 2 of these children entered, exited, and re-entered out-of-home placement during the year.

** This young person had been placed at home under protective supervision earlier in the fiscal year, but came back into care when that placement arrangement disrupted.

Foster Care Entries by Legal Status and by Month, FY12													
Status	2011			2012									Total by status
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Administrative Hold	49	38	33	48	46	34	29	30	23	15	26	32	403
Commitment	4	7	3	2	8	7	0	4	0	3	0	4	42
Shelter Care	3	4	1	6	4	2	3	1	7	4	0	1	36
Data Unavailable#	1	6	0	5	2	2	2	3	2	2	1	1	27
Total by month	57	55	37	61	60	45	34	38	32	24	27	38	508*
* CFSA actually placed 506 unique children in FY12, but 2 of these children entered, exited, and re-entered out-of-home placement during the year. # Data entry errors prevent actual legal status from being reflected. These 27 children should be evenly distributed among all legal status types.													

Primary Reason for Entry into Foster Care	Number of Placements in which Primary Reason was a Factor*
Neglect (alleged/reported)	386
Incarceration of Parent(s)	75
Drug Abuse (parent)	74
Physical Abuse (alleged/reported)	66
Alcohol Abuse (Parent)	17
Child's Behavior Problem	14
Inadequate Housing	12
Abandonment	12
Caretaker Ill or Unable to Cope	12
Death of Parent(s)	11
Sexual Abuse (alleged/reported)	9
Voluntary**	6
Relinquishment	5
Drug Abuse (Child)	3
Alcohol Abuse (Child)	1
Child's Disability	1
*Children may have multiple Primary Reasons for entering care. CFSA actually placed 506 unique children in FY12. ** CFSA obtained court custody of all children in this category. "Voluntary" describes the mindset and attitude of the parent/caretaker but is not a descriptor of the legal custody status of the child. These were not voluntary placement agreements.	



Information requirement - Number of children in care for 24 months or longer by length of stay in care including: length of stay by permanency goal, number of children who became part of this class during the year, and ages and legal status of these children

In FY12 . . .

- 922 children and youth were in care for 24 months or more, which is 60% of all youth in foster care. This statistic increased from 59% in FY 2011.
- The percentage of these youth with the permanency goals of Alternative Planned, Permanent Living Arrangement (APPLA) continues to decline. In FY 2008, over 52% of these youth had a goal of APPLA, while that percentage stood at 32% by the end of FY 2012. Conversely, the goal of guardianship among this population has increased 21% during that same time period.
- Approximately 16% of the population of youth in foster care reached or passed the 24-month mark in care during FY 2012, which is an increase of 3% from the percentage of youth who reached that threshold last year.

District Children in Care for 24 Months or Longer by Permanency Goal and Length of Stay <i>Point in Time: End of FY12</i>					
Goal	Length of Stay in Months (FY12)				Total Children
	24-35	36-47	48-59	60+	
Guardianship	128	56	41	68	293
APPLA*	10	30	36	215	291
Adoption	69	52	27	114	262
Reunification	37	13	5	17	72
Legal Custody	1	0	0	0	1
Data Unavailable#	1	0	2	0	3
Total Children	246	151	111	414	922
* Alternative Planned, Permanent Living Arrangement (APPLA) includes goals of Independent Living, Long-Term Foster Care, and Long-Term Residential Treatment. # Data entry errors prevent actual legal status from being reflected.					

District Children Who Became Part of This Class in FY12 by Age and Length of Stay

Key: ■ Children who entered class in FY12

Age (in years)	Length of Stay in Months (FY12)				Total Children
	24-35	36-47	48-59	60+	
2	29	0	0	0	29
3	26	9	0	0	35
4	13	9	6	0	28
5	9	9	5	3	26
6	9	11	0	2	22
7	8	10	3	5	26
8	18	7	4	6	35
9	10	6	5	4	25
10	10	6	1	7	24
11	13	2	2	7	24
12	8	7	7	10	32
13	11	2	5	11	29
14	14	3	5	20	42
15	13	8	6	21	48
16	12	8	6	32	58
17	16	12	10	48	86
18	18	14	10	61	103
19	6	12	13	95	126
20	3	16	23	82	124
Total Children	246	151	111	414	922



District Children Who Became Part of This Class in FY12 by Legal Status and Length of Stay

Key: ■ Children who entered class in FY12

Goal	Length of Stay in Months (FY12)				Total Children
	24-35	36-47	48-59	60+	
Commitment	235	146	110	412	903
Shelter Care	11	4	1	1	17
Data Unavailable#	0	1	0	1	2
Total Children	246	151	111	414	922

Data entry errors prevent actual legal status from being reflected.

Information requirement - Number of children who exited care by month, number of children in this class who had been in care for 24 months or longer, ages and legal status of these children, and reasons for their exit from care

In FY12 . . .

- There were a total of 767 exits from foster care, 25% of which occurred within 9 months of the child's entry into foster care.
- 14% of exits occurred within one month of entry into foster care. In FY 2010, 23% of exits occurred within one month of entry, and in FY 2011 this figure was 18%.
- 56% of the exits were for youth who had been in care for 24 months or more, which is an increase of 4% over last year.



Exits from Foster Care by Length of Stay and by Month, FY12

Stay (in months)	2011			2012									Total by stay
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
<1	11	16	7	9	12	11	14	16	6	2	3	1	108
1-4	3	2	10	3	3	8	4	3	3	2	3	1	45
5-8	0	7	0	0	0	2	5	7	8	3	2	3	37
9-12	2	2	7	2	2	2	2	3	6	1	11	0	40
13-23	6	13	10	4	8	8	7	6	9	9	21	7	108
24+	28	50	46	39	29	35	15	31	42	36	57	21	429
Total exits by mo.	50	90	80	57	54	66	47	66	74	53	97	33	767

Exits from Foster Care by Age and by Month, FY12

Age (in years)	2011			2012									Total by age
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
<1	0	3	3	1	0	4	4	1	2	2	0	1	21
1-5	17	34	19	15	15	15	20	17	18	9	16	5	200
6-12	7	22	26	12	21	19	8	23	21	17	46	10	232
13-15	6	7	3	4	7	4	2	2	8	4	11	4	62
16-18	3	5	6	5	3	9	1	10	2	5	10	0	59
19+	17	19	23	20	8	15	12	13	23	16	14	13	193
Total exits by mo.	50	90	80	57	54	66	47	66	74	53	97	33	767

Exits from Foster Care by Legal Status and by Month, FY12

Status	2011			2012									Total by status
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Commitment	33	66	61	42	37	40	24	46	60	46	83	28	566
Administrative Hold	10	17	11	10	12	13	10	11	9	2	4	1	110
Shelter Care	6	5	6	3	2	9	9	7	4	4	8	4	67
Data Unavailable#	1	2	2	2	3	3	4	2	1	1	2	0	23
Relinquishment	0	0	0	0	0	1	0	0	0	0	0	0	1
Total by month	50	90	80	57	54	66	47	66	74	53	97	33	767

Data entry errors prevent actual legal status from being reflected. These 23 children should be evenly distributed among all legal status types.

Exits from Foster Care by Primary Reason and by Month, FY12

Reason	2011			2012									Total by reason
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Reunification	23	44	38	20	26	38	31	33	36	23	38	10	360
Emancipation	17	17	21	17	7	14	12	13	23	15	12	13	181
Adoption	3	23	15	8	9	6	3	9	12	6	14	4	112
Guardianship	7	6	5	11	12	7	1	11	3	9	33	6	111
Placement/Custody to be provided by another District Agency#	0	0	0	1	0	1	0	0	0	0	0	0	2
Death of Youth	0	0	1	0	0	0	0	0	0	0	0	0	1
Total exits by month	50	90	80	57	54	66	47	66	74	53	97	33	767

Examples of Other District Agencies to which these children exit include (but are not limited to): Department of Mental Health, Department of Disability Services, Department of Youth Rehabilitation Services, and Department of Corrections.



Information requirement - Number of children who left care by permanency goal, their length of stay in care by permanency goal, number of children whose placements disrupted by placement type, and number of children who re-entered care

In FY12 . . .

- Children living in Traditional Foster Care are over three times more likely to experience a placement disruption than children living in Kinship Care.
- Children living in Group Homes are over 4 times more likely to experience a placement change.
- One hundred and thirteen children who had at one point been in foster care re-entered out-of-home care during the year. This is an increase of 16 children since FY 2010.

Exits from Foster Care by Permanency Goal and by Month, FY12													
Goal	2011			2012									Total by goal
	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	
Reunification	22	34	34	19	24	35	28	29	31	23	29	9	317
APPLA†	15	16	23	17	7	14	12	13	23	14	12	13	179
Guardianship	8	6	5	11	11	9	1	12	4	10	34	7	118
Adoption	3	24	15	8	9	6	3	9	12	6	14	4	113
Data Unavailable††	2	6	2	2	3	2	3	3	3	0	8	0	34
Legal Custody	0	4	1	0	0	0	0	0	1	0	0	0	6
Total by month	50	90	80	57	54	66	47	66	74	53	97	33	767
† Alternative Planned, Permanent Living Arrangement (APPLA) includes goals of Independent Living, Long-Term Foster Care, and Long-Term Residential Treatment. †† Data entry anomalies prevent actual goals from being reflected. The majority of these children had been in care between 6 and 12 months, but their goal of reunification was not reflected in the FACES.net management information system as "Court Approved" at the time of exit. Permanency goals for youth in care for more than 180 days must be "Court Approved" to be reported as valid in FACES.net reports.													

Exits from Foster Care by Permanency Goal and Length of Stay, FY12							
Goal	Length of Stay in Months (FY12)						Total Children
	<1	1-4	5-8	9-12	13-23	24+	
Reunification	108	45	23	25	66	50	317
APPLA†	0	0	0	0	1	178	179
Guardianship	0	0	0	2	21	95	118
Adoption	0	0	0	1	16	96	113
Data Unavailable††	0	0	14	12	3	5	34
Legal Custody	0	0	0	0	1	5	6
Total Children	108	45	37	40	108	429	767
† Alternative Planned, Permanent Living Arrangement (APPLA) includes goals of Independent Living, Long-Term Foster Care, and Long-Term Residential Treatment. †† Data entry anomalies prevent actual goals from being reflected. The majority of these children had been in care between 6 and 12 months, but their goal of reunification was not reflected in the FACES.net management information system as "Court Approved" at the time of exit. Permanency goals for youth in care for more than 180 days must be "Court Approved" to be reported as valid in FACES.net reports.							

Placement Disruption Data, FY 2012		
Total # of Children in Foster Care at Some Point During FY 2012	# Who Experienced at Least One Placement Change	# of Actual Placement Changes
2,283	902	1,583

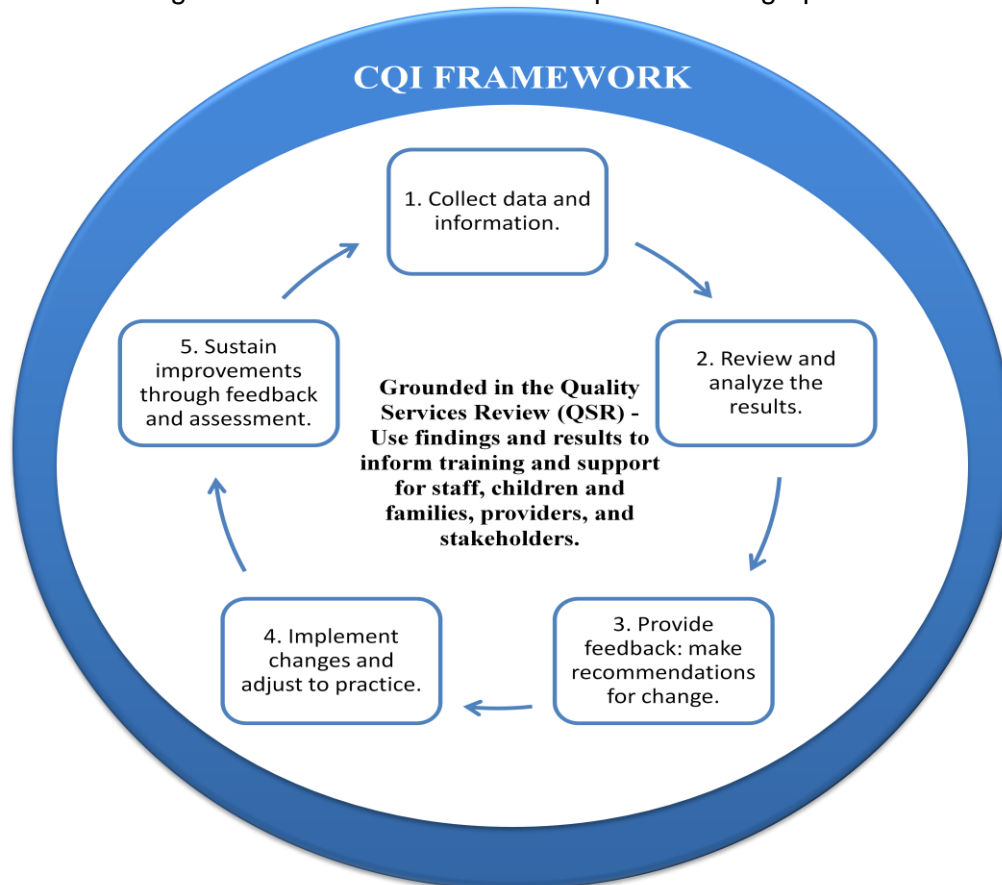
Placement Change* Report, by Placement Type, FY 2012	
Placement Type	Ratio of Placement Changes to Total Placements
Kinship	.18 to 1
Independent Living	.55 to 1
Non-Kinship/Traditional Foster Care	.60 to 1
Group Homes	.79 to 1
Residential Treatment Facility	.46 to 1
<p>*IMPORTANT NOTE: While CFSA attempts to maintain the placement stability of all foster children, in many cases, placement changes are planned with the intent of furthering the child's progress to permanency. In other cases, unforeseen circumstances or crises arise that require CFSA to make an unplanned placement change to a more stable living environment for the child.</p> <p>CFSA's FACES information system does not track unplanned placement changes (or "disruptions") specifically. Rather, the system tracks only placement changes in general, be they planned or unplanned. Therefore, statistics in this table reflect the total number of placement changes that occurred for all children during FY 2012.</p>	



4. Methods of Assessment and Evaluation

CFSA's Quality Improvement (QI) Division employs a strategic Continuous Quality Improvement (CQI) framework across a series of concurrent quality assurance activities and processes. QI uses these processes to advise senior management about the effectiveness of case practice and service provision, to inform practice change, and to improve outcomes for the safety, well-being, and permanency of children and families.⁴

QI's various quality assurance activities are outlined in the following paragraphs but the common thread among all of them is the framework depicted in the graphic below.



Irrespective of the nature of the CQI activity, these common functions are part of the process:

- 1) *Data Collection (quantitative and qualitative)*: QI staff collects data and information to assess whether the implementation of practice adheres to clearly defined expectations in order to achieve desired outcomes.
- 2) *Data Analysis*: QI staff reviews data and identifies areas of strength and challenges.
- 3) *Feedback and Recommendations*: QI staff provides feedback and collaborates with program staff to recommend practice changes to improve performance and outcomes.
- 4) *Implementation of Change*: In response to the recommendations, changes are implemented and practice is adjusted as necessary.
- 5) *Change Management*: QI staff supports and sustains practice improvements through ongoing feedback and assessment.

⁴ See 2010 and 2011 CQI reports.

The above framework reflects best practice standards for the following CQI activities and processes, all of which are directed at improving practice across the child welfare system and subsequently improving outcomes for children and families.

Quality Service Reviews (QSRs)⁵

The QSR is a case-specific “deep dive” into certain populations of children and youth served by CFSA and private agencies. Trained case reviewers conduct a detailed case review, using a standardized analytical process, for out-of-home cases. The process incorporates interviews with as many members of the family and case management team as possible. Then the review team rates the case and conducts a debriefing and information-sharing session with both the social worker and the supervisory social worker. These sessions provide constructive appraisal and support for the social worker and result in a clear plan for continued progress.

In FY 2012, CFSA developed a protocol with the District’s Department of Mental Health (DMH) to assess cases with dual-agency involvement. In 2013, this tool will be rolled out into active use to rate case practice and services for families facing multiple mental health needs and issues, including those affected by trauma. Annually, the QSR unit completes 65 reviews.

Child Fatality Reviews

An Internal Child Fatality Review Committee examines details related to the fatalities of children whose family was known to the Agency within the 4 years immediately preceding the child’s death.⁶ An internal review meeting is held within 45 days of the determination that the child or family is or was known to CFSA. This review includes the following tasks:

- Reviewing circumstances surrounding the child’s death
- Researching the nature of CFSA’s or a private provider’s involvement in FACES.NET
- Reviewing hard copy records of the case file
- Conducting interviews with clients, social workers, and other team members
- Preparing the report for members of the Internal Child Fatality Review Committee

Program-Based Case Reviews

Over and above the QSR and the Child Fatality Review, which are formal (and system-wide) quality assurance mechanisms that have been in place at CFSA for many years, QI staff also collaborate with CFSA program administrators and private agency partners to develop CQI instruments and processes that are customized to their specific program areas.

CPS Closed Investigation Reviews and Good Faith Efforts

In collaboration with the Center for the Study of Social Policy (CSSP) (who is the court monitor the consent decree), the QI division’s Quality Assurance (QA) unit reviews a random selection of 40 closed abuse and neglect investigation cases per year (10 reviews per quarter). The process provides CFSA’s Child Protective Services (CPS) unit with insight and

⁵ In the QSR process, a case is rated across three domains. *Child Status* includes the following indicators: safety of the child/others, stability, permanency prospects, health/physical well-being, emotional/behavioral well-being, academic status, responsible behavior, life skills development, satisfaction with services/results, and transition progress. *Parent/Caregiver Status* includes the following indicators: physical and emotional support of child, participation and engagement, and progress to safe case closure. *System Performance* includes the following indicators: engagement of child and family, assessment and understanding, implementation, coordination and leadership, team formation and functioning, case planning process, pathway to safe case closure, maintaining family connections, family court interface, medication management, and post-permanency supports. Cases are rated as either acceptable or unacceptable based on aggregate ratings along a six point scale.

⁶ If CFSA learns of a child’s death immediately after the incident, a Critical Event meeting is generally held to gather and coordinate information regarding the case, to provide direction on immediate case activities, to inform the investigation process, and to provide support to the family and the assigned social worker when applicable.

feedback regarding practice and services provided at the “Front Door”, thereby helping to develop program enhancements whenever needed.

The QA unit also conducts a *Good Faith Efforts* review of sample investigations to assess the level of effort of the CFSA investigative social worker attempting to make contact with children who were not interviewed within 48 hours of the Hotline referral. Both the Closed Investigation and Good Faith Efforts review processes capture systemic and unique issues evident in the investigation contacts.

Grand Rounds

Through the Grand Rounds process, QA facilitates the monthly discussion of three randomly selected open CPS investigations or Family Assessment (FA) referrals. This process provides another opportunity to provide feedback to program staff on the quality of performance while also identifying trends. Investigations are evaluated for both compliance (such as timeframes for contact and completion of safety assessments) and best practice issues (such as consideration of prior history). Findings and themes from the discussions are shared with practitioners and key managers within the Agency, and serve as a reference for future planning and decision-making on practice improvement within the CPS administration.

Multidisciplinary Team Consultations (MDTCs)

In 2011, QA began offering and facilitating MDTCs to assist social workers with cases they consider complex or challenging for a variety of reasons. MDTCs occur by social worker request and bring clinical, legal, medical, and other representatives around the table to work out case-specific barriers to desired safety, permanency, and well-being outcomes and safe case closure.

ChildStat

ChildStat is a director-level meeting facilitated by QA staff to discuss both macro- and micro-level case practice concerns using two randomly selected cases, one from a private agency and the other from CFSA. The selected cases may include open CPS investigations. Both presentations are chosen from among those that have had a QSR within the past 12 months. Data presented at ChildStat meetings focus on *LaShawn A. v. Gray* Implementation and Exit Plan measures, Four Pillar Outcomes, Practice Model Elements and trends that can be drawn from FACES.NET data.

Hotline

QA also validates reviews of calls to the Hotline system. Each month, recordings of at least five randomly selected Hotline calls are reviewed by QA staff according to the following domains: (1) Customer Service, (2) Reporter and Child Information, (3) Caregiver and Household Information, (4) Safety and Risk Information, and (5) Assessment and Supervisory Consultation. The QA staff listens to Hotline calls that have already been evaluated and rated by the Hotline worker’s supervisor. This review provides another layer of quality assurance with a uniform assessment of Hotline worker practice and efficiency that simultaneously evaluates the efficacy of the supervisory quality control process.

Additional Program-Specific CQI Tools

- **Case Compliance Database:** With the assistance of QA staff, the Office of Youth Empowerment (OYE) developed a case compliance database to measure the quality and compliance of services completed on behalf of youth over a period of 180 days. This tool is designed to evaluate progress towards permanency, safety and well-being

by assessing casework, documentation, and supervision practices, along with evidence of teaming, and youth and worker activities around transition planning and life skills development. These evaluated categories have been identified as important indicators of a youth's successful transition from foster care. Completion of this tool involves a thorough review of information in FACES.NET such as contact notes, life skills assessments and learning plans, transition plans, court reports, case plans, and service plans as well as documents in the hard-copy file.

- *Differential Response (DR)*: QA has been involved with the planning and roll out of the DR initiative since 2010. Drawing on the experiences and literature gathered from other jurisdictions that have implemented DR, QA identified appropriate approaches to evaluating outcomes for DR in the District. Quarterly, the QA unit conducts an FA evaluation of 15 recently closed FAs. The evaluation process is comprised of three phases and includes the following tools: FA Employee Satisfaction Survey, FA Evaluation, and the Family Exit and Satisfaction Tool. In 2012 the QA unit reviewed 40 FAs.
- *Family-Based Setting Tool*: In March 2012, Quality Assurance completed a case review of children in congregate care to determine whether they were in the least-restrictive, most family-like setting.

Ongoing Program Research and Evaluation

Apart from the quality assurance processes built within the CQI framework, CFSA employs a multi-faceted approach to program research and evaluation. CFSA uses findings and recommendations from internal and external evaluations of services and processes to assist with the development (or amendment) of policy and to improve internal operations and practice in order to achieve quality outcomes for children and families. Principal among these internal evaluations are the bi-annual *Needs Assessment* and the annual *Resource Development Plan* (RDP). The *Needs Assessment* and RDP are complementary documents insofar as the findings and recommendations of the former allow the latter to detail the Agency's intent to effectively allocate and plan resources according to practice and placement needs.

Bi-Annual Needs Assessment

Every 2 years, CFSA completes a comprehensive, Agency-wide *Needs Assessment* which evaluates current and projected out-of-home placements and support services within the context of helping children and youth to achieve their permanency goals. The *Needs Assessment* acts as a self-evaluation tool for the Agency and offers insights into the experience of out-of-home care from the multiple perspectives of children and youth, families, foster parents, private agencies, and social workers. These insights are combined with statistical analyses of placement and other data to identify needs that presently exist or may exist in the future if appropriate interventions are not put in place. The *Needs Assessment* also examines services and resources necessary to prevent entry or re-entry into foster care, as well as supports and resources needed for children and youth to be more stable in their placements. Most importantly, it seeks to identify placement-related factors that support or hinder achievement of permanency goals for children and youth in care.

In 2011, CFSA completed its most recent *Needs Assessment* which identified positive permanency outcomes, such as an increase in family stabilization services, a reduction in the overall time that children remain in out-of-home care, and the projection that the overall number of children placed in out-of-home care will continue to decline. In addition, the document identified challenges such as an increase in guardianship disruptions, revealing a need to explore the causes behind the disruptions and possible solutions. CFSA is using the

findings from the *2011 Needs Assessment* to build upon strategies that have already proven successful and to identify possible solutions to address challenges to placement stability and overall permanency.

Resource Development Plan

The *Resource Development Plan* (RDP) is designed to organize and establish the agenda for service development priorities that most closely reflect the results and client needs identified through the previously-mentioned quantitative and qualitative assessments. In addition, the RDP tracks the continued implementation of action steps that address critical areas highlighted in the bi-annual *Needs Assessment*. On a yearly basis, RDP updates are completed in the context of the significant tasks the Agency has committed to achieving, including the following priority areas for 2012:

- Implementation of the Four Pillars framework and Agency strategic plan
- Implementation of kinship strategy to increase placement of children with kin and to expedite kin licensure
- Review of children in congregate care and identification of youth who can be moved to a family-based or less restrictive setting
- Finalization of placement contracts for FY 2013

5. Preview of Priority Areas in FY 2013

CFSA's priority areas for FY 2013 have been carefully selected to respond to DC ASFA requirements as well as to needs identified by evaluative processes.

1. Implement Trauma-Informed Treatment.

Trauma-informed treatment has been shown to dramatically speed and improve healing of child victims of abuse and neglect without relying on medications, hospitalizations, or prolonged counseling. Using the latest scientific findings related to the effects of trauma on brain development and functioning, trauma-informed treatment focuses not just on the child or youth but also on his or her relationships and surroundings. It looks for triggers in each child's environment and seeks to minimize them while also teaching the child new ways to feel safe and in control.

CFSA won \$3.2 million (\$640,000 per year for 5 years) from the U.S. Department of Health and Human Services' Administration for Children and Families. The grant will facilitate transformation of the District's current child welfare system into one that is trauma-informed, contributing to measureable improvements in the social and emotional well-being of children in foster care. Implementation of evidence-based or evidence-informed screening, assessment, and case planning practice that complements existing resources will contribute to restoring the developmentally appropriate functioning of targeted children and youth in foster care that have mental and behavioral health needs. This is the largest competitive federal grant award CFSA has received to date.

CFSA will partner with research scientists and private-sector practitioners to become the first public agency to infuse trauma-informed practice throughout a child welfare system. The grant will support broad-based training of social workers, foster parents, attorneys, counselors, and other professionals who work with the District's abused and neglected children.

2. Implement Utilization Management into Decision-Making around Child Placement.

CFSA partnered in 2012 with the Annie E. Casey Foundation to complete a comprehensive review and assessment of congregate care placement resources as well as private family-based resources located outside the boundaries of the District. The need for this review and assessment was partly initiated due to the recommendations of the *2011 Needs Assessment* and partly due to CFSA's commitment to placing children in family-based homes located in the District. Pragmatically, the review was necessitated by the ongoing decrease in the number of children and youth in out-of-home care. As a result, the review became an exercise in stewardship by which CFSA "right sized" its contractual agreements with private group home providers as well as some private family-based foster care providers.

In FY 2013, the next step in this initiative to manage Agency resources and to meet the changing needs of children in care will be to implement a utilization management (UM) approach to child placement. UM is a family-centered, multi-departmental, integrated approach to identifying, coordinating, and linking appropriate resources/services to meet the needs of children who currently reside in a restrictive level of care, or who are at risk of such a placement. The process will be managed by a CFSA resource development specialist (RDS) who will administer a formal *Child Needs Assessment* tool for youth in this category.⁷ Following the assessment, the RDS and social workers will hold a team meeting with the youth and the youth's family members to discuss needs, services, and placement recommendations. Based

⁷ Restrictive placements include group care facilities and therapeutic foster family homes.

on the results of the assessment and the consensus of the team, the youth will be placed in a setting that best meets his/her unique needs.

UM reinforces CFSA's existing case management approach with respect to engaging family and working with kin. It also enhances intra-team communication and decision making while tightening accountability across the team. UM team discussions will include services needed to stabilize or maintain placements and to address mental and physical health needs, along with addressing educational issues, exploration of kinship resources and lifelong connections, and moving the case toward permanency. Frequency of reviews will depend on the child or youth's circumstances and may vary from case to case, but the general guidelines will be as follows:

- Those children requiring a higher level of care (e.g., psychiatric residential treatment facilities or PRTFs) will have reviews held every 30 days until discharge.
- Therapeutic/traditional group home and therapeutic/specialized foster care cases will be reviewed every 90 days.
- All young people placed in traditional foster care will be reviewed every 6 months.
- If a disruption occurs, the RDS will be required to convene a meeting regarding 30-day notices from foster parents and placement providers to explore and address concerns and to review services to determine the actual need for replacement.
- In cases where an immediate replacement is needed, a review shall be convened within 72 hours of the new placement.

In order for UM to be effective, proactive procedures such as discharge planning, concurrent planning, and pre-authorization of all placements will be implemented and monitored for completion. Children and youth entering foster care will be assigned to an RDS who will conduct the resource UM process throughout the life of the case.

6. Recommendations for Additional Legislation or Services to Overcome Challenges

CFSA's focus for FY 2013 is to create legislation that can help to support Agency efforts towards reaching permanency while amending administrative rules and regulations in accordance with laws passed in the District of Columbia. The following bills and regulations that impact child welfare practice are under consideration in various stages of the legislative process:

Law/Regulation	Action	Purpose/Justification
Grandparent Caregivers Program Amendment Act of 2012	Amend Law	To allow the District to provide grandparent caregiver subsidies to a grandparent who is assuming the care of a grandchild who is at risk of being removed from the care of his or her parents because of abuse and neglect.
29 DCMR, Chapter 63 (Independent Living Regulation Penalties)	Amend Rule	To establish a schedule of fines for violations of licensing requirements by independent living programs serving adolescents and young adults.
Foster Youth Statements of Rights and Responsibilities Amendment Act of 2012	Create Rule	To issue rules to consolidate existing rights for youth in foster care provided by local law, federal law, local regulations, CFSA administrative issuances, and other policy documents; to require CFSA to provide youth and their caregivers and guardians <i>ad litem</i> certain information before leaving foster care; to require CFSA to inform youth of their rights upon entrance to foster care; and to provide copies of the Statements of Rights and Responsibilities to youth currently in care.

Appendix A: Excerpt from the CFSA Establishment Act of April 2001

The Director must:

(10) Prepare and submit to the Mayor, the Council, and the public a report to be submitted no later than February 1 of each year; which shall include:

- (A) A description of the specific actions taken to implement the Adoption and Safe Families Amendment Act of 2000, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850);
- (B) A full statistical analysis of cases including:
 - (i) The total number of children in care, their ages, legal statuses, and permanency goals;
 - (ii) The number of children who entered care during the previous year (by month), their ages, legal statuses, and the primary reasons they entered care;
 - (iii) The number of children who have been in care for 24 months or longer, their length of stay in care, including:
 - (I) A breakdown in length of stay by permanency goal;
 - (II) The number of children who became part of this class during the previous year; and
 - (III) The ages and legal statuses of these children;
 - (iv) The number of children who left care during the previous year (by month), the number of children in this class who had been in care for 24 months or longer, the ages and legal statuses of these children, and the reasons for their removal from care; and
 - (v) The number of children who left care during the previous year, by permanency goal; their length of stay in care, by permanency goal; the number of children whose placements were disrupted during the previous year, by placement type; and the number of children who re-entered care during the previous year;
- (C) An analysis of any difficulties encountered in reaching the goal for the number of children in care established by the District;
- (D) An evaluation of services offered, including specific descriptions of the family preservation services, community-based family support services, time-limited family reunification services, and adoption promotion and support services including:
 - (i) The service programs which will be made available under the plan in the succeeding fiscal year;
 - (ii) The populations which the program will serve; and
 - (iii) The geographic areas in which the services will be available;
- (E) An evaluation of the Agency's performance;
- (F) Recommendations for additional legislation or services needed to fulfill the purpose of the Adoption and Safe Families Amendment Act of 2000, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850); and
- (G) The comments submitted by a multidisciplinary committee that works to prevent child abuse and neglect and which the Mayor designates to receive and comment on the report.

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Child and Family Services Agency**

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